

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
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29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36	1						86				
37		1					87				
38		1					88				
39		1					89				
40		1					90				
41		1					91				
42		1					92				
43	1						93				
44		1					94				
45		1					95				
46		1					96				
47		1					97				
48		1					98				
49	1						99				
50	1						100				
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.	11						TOTAL DEP.				
TOTAL CLAIMS	15						TOTAL CLAIMS				